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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>675254  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/02/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cascades at Galveston  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3702 Cove View Blvd<br>Galveston, TX 77554 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few                            | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review , the facility failed to report the results of an investigation in accordance with State Law including the State Survey Agency within 5 working days of the incident for 2 of 2 (Resident #1 and Resident #2) incidents reviewed for reporting. The facility failed to ensure the Administrator reported the results of an investigation within 5 days to the State Survey Agency. This failure could place residents at risk if appropriate corrective actions are not taken. Record review completed on 03/31/2026 at 12:13 p.m., of the TULIP system revealed that a PIR, Form 3613-A, was not filed in the system for two separate incidents reported by the facility on 3/18/2026 to the Complaint and Incident Intake. During an interview on 4/2/2026 at 9:56 a.m., the Director of Operations stated his team was trying to locate the PIRs, but the former administrator may have shredded them. The Director of Operations stated his company acquired the facility the day before on 4/1/2026. During an interview on 4/2/2026 at 10:37 a.m., the Administrator stated her first day of employment at the facility was yesterday, 4/1/2026. The Administrator stated she would try her best to locate the PIR documents. The Administrator stated that regional personnel were in the building and would help her try to locate the information. During an interview on 4/2/2026 at 10:40 a.m., the DON stated the facility went through a change of ownership yesterday and was now owned by a new company. The DON stated she was not responsible for PIRs. The DON stated the former administrator handled PIRs on his own. The DON stated she did not have access to TULIP. During an interview on 4/2/2026 at 11:14 a.m., the Regional NHA stated she was not from Texas, and her facility was in Colorado. The Regional NHA stated she did not have access to TULIP, and the former administrator was not willing to assist with locating the PIRs. During an interview on 4/2/2026 at 1:10 p.m., the Social Worker stated she was not responsible for submitting the PIRs. The Social Worker stated she worked at the facility for two weeks. During an interview on 4/2/2026 at 1:19 p.m., RN A stated she worked for the facility since August 2025 and was not responsible for submitting PIR's. During an interview on 4/2/2026 at 2:13 p.m., RN B stated she had worked at the facility since late 2023. RN B stated she was not responsible for PIR's. RN B stated 4/2/2026 was the Administrator's first day at the facility. During an interview on 4/2/2026 at 3:17 p.m., the Administrator stated the former administrator was not willing to cooperate with locating the PIR's. The Administrator stated she did not have access to TULIP. The Administrator stated there was not a sister facility that could assist. The Administrator stated she was a NHA in Colorado and was in the process of getting her license as a Nursing Administrator in Texas. The Administrator stated that if Texas was like Colorado in terms of PIRs, the PIR should be submitted to the State within five days from the date reported to the State. The Administrator stated she was not aware there were incomplete investigations pending a Provider Investigation due to her first day of employment was yesterday, 4/1/2026. The Administrator stated there was not a process in place to locate pending investigations with the acquisition of the facility. The Administrator stated that it was a process that needed to be looked into. Record review of facility policy titled, Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating- F609, dated 2001 and revised in September 2022, read .1. Within five (5) calendar days of the incident, the administrator will provide a follow-up investigation report.</p> |   |  |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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